



FORM C 2 – Athlete Authorization Adult

Section A

Authorization to be completed by ADULT ATHLETE

I, _____ am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. The medical history form asks a series of questions about possible neurological symptoms that could be associated with spinal cord compression and/or atlantoaxial instability. The physical exam form asks the examiner to assess for signs of possible spinal cord compression and/or atlantoaxial instability. The presence of any signs or symptoms should be taken seriously as the presence of spinal cord compression and/or atlantoaxial instability is associated with significant risk of spinal cord injury in the sports environment. Athletes who describe incontinence or any numbness, weakness, pain or discomfort, head tilt, spasticity or paralysis of any part of the body, especially if any of those symptoms are new or have worsened within the past 3 years may need additional neurological evaluation before they can be cleared to participate in any Special Olympics sports. Likewise, abnormal reflexes, gait, spasticity, tremors, changes in mobility, strength or sensitivity may also suggest that an athlete needs additional neurological evaluation. It should be noted that not all neurological signs and symptoms (such as those that are stable and long-standing) will require further neurological evaluation.

If the examiner specifies there are any signs or symptoms that could be associated with spinal cord compression and/or atlantoaxial instability, I understand I may not be cleared for sports participation until I have been seen by a neurologist, neurosurgeon or other physician qualified to determine definitively if participation in sports activity, in the presence of the noted neurological signs and symptoms, will be safe for the me.

Special Olympics Inc. has my permission forever to use and allow others to use my likeness, name, voice or words in television, radio, film, newspapers, magazines, on the Internet, World Wide Web and/or in other media, and in any form, throughout the world for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics, including the Special Olympics World Games Los Angeles 2015 ("Games"), and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes program that provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that notwithstanding my consent, there is no obligation for me to participate in the Healthy Athletes program and that I may decide not to participate at any time. I understand that provision of these screening services is not intended as a substitute for regular health care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that neither Special Olympics, Inc. nor the Special Olympics World Games Los Angeles 2015 Organizing Committee are, through the provision of these services responsible for my health or my health care. I understand that information gathered as part of the Healthy Athletes program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization.

I understand that Special Olympics, Inc. is collecting my personal information as provided by me through this registration packet and that all such information may be transferred to, and processed and maintained in the United States. I further understand and acknowledge that Special Olympics, Inc. may disclose my personal information, including the information collected through this registration material, to the Special Olympics World Games Los Angeles 2015 Organizing Committee and that either Special Olympics, Inc. or the Special Olympics World Games Los Angeles 2015 Organizing Committee will input the personal information I provided into a computerized database that will be maintained by Special Olympics, Inc. after the Games end. I further understand that Special Olympics, Inc. and the Special Olympics World Games Los Angeles 2015 Organizing Committee may use the information provided by me to conduct the Games, and for the following or similar purposes: 1) compiling results of the Games for Special Olympics, Inc., the Special Olympics World Games Los Angeles 2015 Organizing Committee, the media and the public (including via a Web site that may provide certain information about me and video or pictures of me participating in the Games); 2) verifying participation in the Games; 3) conducting training on divisioning; 4) conducting statistical analysis; 5) providing Games related services, such as housing, transportation, meals and medical services; 6) protecting my health and safety by providing the necessary information to medical personnel, hospitals, or insurers; and 7) publicizing and promoting Special Olympics. I acknowledge and understand that Special Olympics, Inc. and/or the Special Olympics World Games Los Angeles 2015 Organizing Committee may disclose my personal information to certain government authorities for the purpose of obtaining any required visas or as lawfully requested by any government authority I, the athlete named above, have read this paper and fully understand the provisions of the Authorization that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this Authorization.

Signature of Adult Athlete _____

Date _____

I hereby certify that I have reviewed this Authorization with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this Authorization and has agreed to its terms.

Name (Print) _____

Relationship to athlete _____
(e.g. family member, teacher, coach, etc.)